

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 593895

FILING DATE

09-22-04

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 1 st AMENDMENT | |
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| TOTAL DEP. | 13 | ← | 18 | ← | | ← |
| TOTAL CLAIMS | 15 | | 20 | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 1 st AMENDMENT | |
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